

Mother-Wise



*Helping Moms
Build Strong Families*



You can't tell by looking!

PERINATAL MOOD *and* ANXIETY DISORDERS

Everyone will, at some time in their life, be affected by depression -- their own or someone else's, according to Australian Government statistics.

- Australian Institute of Health and Welfare, 1998. “National Health Priority Areas Mental Health: A Report Focusing on Depression.” .

Depression in the USA

- 18 -- 21 million afflicted Americans each year
- Leading cause of disability for ages 15-44
- Women are 50% more likely than men to experience a mood disorder over their lifetime
- Rates drop after menopause
- 1 in 5 women will develop depression at some point in her life

Prevalence of PMADs

- Estimated that 80% of women experience the “Baby Blues”
- 10-15% of women experience a PMAD, consistent over cultures
- 26-32% of teen moms
- Up to 50% for moms living in poverty

Factors of Depression in Women

- **Genetic/Biological**
- **Chemical**
- **Hormonal**
- **Environmental**
- **Psychosocial Factors**

5 Important Predictors

- Financial Hardship
- Lack of Partner
- Isolation
- Unwanted Pregnancy
- Previous History of a Mental Health Disorder
—*4x higher chance of PMAD*

Common Risk Factors

- Lack of sleep
- AOD (Alcohol & Other Drug) use or prior AOD problem
- Hx of PMDD (Premenstrual Dysphoric Disorder)
- Hx of SAD (Seasonal Affective Disorder)
- Surgery: rapid change in hormone levels

Common Risk Factors continued

- Unstable living situation
- Couple or Marital problems
- Conflictual relationship with mother
- History of childhood abuse: emotional/physical/sexual
- Recent loss or death
- Domestic Violence (DV)

Birth-Related Risk Factors

- Traumatic or difficult birth
- Excessive postpartum pain
- Difficulties with the baby (health, temperament, feeding or sleep problems)
- Miscarriages
- History of fertility treatments
- Ectopic Pregnancy
- Abortion



Importance of Sleep

- Sleep regulates moods and emotions
- Sleep deprivation is read by biology as a stressor
- Sleep study:
 - 4 hours of sleep per night for 6 nights:
 - Put subjects in a pre diabetic state (type II)
 - Subjects unable to metabolize sugar properly
 - Decrease in the hormone leptin,
 - Increased appetite

“Regardless of previous psychiatric history postpartum is a time when a woman has the greatest chance of being hospitalized psychiatrically, than any other time in her life.”

Dianna Dell OB/Gyn, Talk of the Nation 6-26-2001

Range of PMADs

- Baby Blues (not a mood disorder)
- Depression
- Anxiety, Panic Disorder, Agoraphobia
- Obsessive Compulsive Disorder (OCD)
- Bipolar Disorder
- Posttraumatic Stress Disorder (PTSD)
- Psychosis

“The Blues”

- Similar to Premenstrual Symptoms
 - Mild sadness
 - Tearfulness
 - Anxiety
 - Irritability—no clear reason
 - Fluctuating moods
 - Increased sensitivity
 - Fatigue
 - Appetite changes
 - Sleep changes
- Usually brief – 10 to 14 days
- Not a disorder

Depression

- Depressed mood for 2 weeks (more days than not)
- Symptoms range from mild to severe
- Categories of Symptoms
 - Mood or Emotional Signs
 - Physical Symptoms
 - Mental/Behavioral Changes

Postpartum Depression

- #1 most common postpartum mood disorder
- Most under diagnosed complication

“I felt completely consumed by a dark fog. I lost interest in everything and pulled away from my children and husband. I stopped calling friends. I just wanted to disappear. I believed I was the worst mother and wife in the world. The guilt I felt was overwhelming.”

Edinburgh Postnatal Depression Scale: Evidence Based Practice

- The EPDS is the recommended Depressive Symptoms self-report tool to confirm depressive symptoms in postpartum mothers.
- The EPDS can be administered anytime throughout the postpartum period (birth to 12 months) to confirm depressive symptoms.

Screening vs. Diagnosis

Important:

- Screening tools are not diagnoses
- A positive score only *suggests* a possible diagnosis
- Women with a positive score should be referred to a mental health professional trained in Perinatal Mood and Anxiety Disorders for clinical evaluation and a formal diagnosis

Self Harm and Suicide Risk

- Edinburgh Question #10: “The thought of harming myself has occurred to me.”
 - Any positive response requires follow up to assess threat of harm.
- Do not avoid questions that are uncomfortable
- Acknowledge the mother’s wisdom in being honest
- **Assess, follow up and consider referring**

Consequences of Untreated Mood Disorders During Pregnancy

- Increased use of health care services
 - Psychosomatic result of anxiety and depression
- Decreased use and compliance with prenatal care
- Poor self care
- Lower weight gain during pregnancy
- Higher risk of alcohol and other drug use
- Overall diminished quality of life

Consequences of Untreated Mood Disorders After Birth

- Poor maternal-child bonding
- Developmental delays: language delays
- Behavioral difficulties
- Lower cognitive performance
- Mental health disorders
- Attention problems
- Disruption in infants' cognitive and emotional development
- Missed pediatric appointments and greater use of emergency department services
- Infanticide/Suicide

Mother-Wise



*Helping Moms
Build Strong Families*

Our Mission

To help new moms understand, through social support, that if they get depressed they are not alone and that effective resources are available to help them.

Funding

- **1st Year:**
 - First 5 Lake
 - Children's Council
- **2nd Year:**
 - Lake County Department of Mental Health--Mental Health Services Act, Prevention and Early Intervention Funds
 - Children's Council
 - Jenny's Light
- **3rd Year:**
 - Lake County Department of Mental Health—Mental Health Services Act, Prevention and Early Intervention Funds
 - Children's Council
 - Jenny's Light
- **4th Year:**
 - **Lake County Department of Mental Health—Mental Health Services Act, Prevention and Early Intervention Funds**
 - **Children's Council**
 - **Jenny's Light**



Social Support

- *Defined:* a well intentioned action that is given *willingly* to a person with whom there is a personal relationship, and that produces a positive response in the recipient.



Social Support for Postpartum Women

- Every mother's needs are different
- Many women need help just seeking help
 - Social stigma about depression
 - Expectations of payback
- Partners, family and friends should not assume they know what a woman needs without asking her
- Communication is the key





THE SAATHI TEAM



The Saathi

- **Saathi: A Sanskrit word for companion.**
- **Trained volunteers provide social support to pregnant women and mothers of newborns through weekly home visits.**

The Saathi's Role

- Provide concrete support for pregnant or new moms in order to help them through their transition into motherhood and the corresponding life changes.
- Refer moms to agencies with programs that can assist them.
- Refer moms to medical professionals for additional help, when needed.

Support a Saathi Might Give

- Answer questions and/or referral to professionals.
- Sit and use active listening while the mom describes her day, feelings, and concerns.
- Educate other family members on how to take care of the mother through modeling, explanation, and demonstration.
- Assist a breastfeeding mom with technique, either by answering questions or referring to a lactation specialist.
- Listen to the mom's birth story.
- Make suggestions for resources, referrals and networking with other parents.
- Make sure that mom is getting enough to drink and eat.
- Play with older siblings.
- Hold or feed the baby while mom gets rest/naps, showers or plays with older children.
- Support parents when they are bathing and dressing the baby or perform these tasks at the parents' request.
- Prepare meals
- Wash, fold and put away baby clothes.
- Organize the nursery by making sure diapers, laundry, etc. are stocked and tidy.
- Tidy up the kitchen.

This is not an inclusive list. Each family has different needs.

Saathi Trainings

- Quarterly trainings for new volunteers
- 8.5 hours of training, spread out over three days.
- **Subjects include:**
 - The Mother-Wise Program Policies and Procedures
 - Values and Boundaries
 - Home Visiting
 - Active Listening, SOAP Notes
 - Perinatal Mood Disorders, Edinburgh

Recent Developments

- Walk and Talks
- Teen mom groups forming
- Working with Mendocino College to set up an internship program



Things Moms are Saying

- “I would like to take this opportunity to say how thankful I am to the Mother-Wise program. *It has really been extremely helpful to my family and me. Catherine has not only been a friend, but also has become part of our family!* In the very beginning when Jesse was born, and I had a C-Section to recuperate from, and also Sarah who was only two-and-a-half at the time. Catherine helped and guided me through the adjustment process of having two little ones. *The demands of Motherhood are getting higher as my little ones grow, and I am very thankful and grateful to have Catherine in our lives to help me care for Jesse and Sarah. Since we don't have any family members near us, it makes us appreciate even more having Catherine visit us! At this point in our lives, I don't believe I can express with words enough how wonderful this program is and most important of all how grateful we are to have Catherine as a member of our family now.*”

– Home Visiting Program Participant

- “I just wish you all kind-hearted moms the best, God bless and please tell the rest of them thank you very much, it was a blessing knowing all of you, esp. Laurel and Roslyn. *Please continue the good work you are doing because it does make a lot of difference to a mother.* Again, thank you and hope one day we can all meet again.”

– Mornings Out with Mother-Wise Participant

Do you know a depressed person?

- If you know someone who has depression, the first and most important thing you can do is to help her get an appropriate diagnosis and treatment. You may need to make an appointment on her behalf and go with her to see the doctor. Encourage her to stay in treatment, or to seek different treatment if no improvement occurs after six to eight weeks.
- In addition, you can also:
 - Offer emotional support, understanding, patience and encouragement.
 - Engage her in conversation, and listen carefully.
 - Never disparage feelings she expresses, but point out realities and offer hope.
 - Never ignore comments about suicide, and report them to your friend's or relative's therapist or doctor.
 - Invite your friend or relative out for walks, outings and other activities. Keep trying if she declines, but don't push her to take on too much too soon. Although diversions and company are needed, too many demands may increase feelings of failure.
 - Remind her that with time and treatment, the depression will lift.

PMADs

are

PREVENTABLE